PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

500.36172VC4

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEB and PUBLICATION FEB (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

	ICE ADDRESS (Note: Use Block 1 for	any change of address)	_	Note: A certificat Fee(s) Transmittal papers. Each addi	e of mailing can only be used . This certificate cannot be used tional paper, such as an assigna ficate of mailing or transmission	for domestic mailings of the for any other accompanying tent or formal drawing, must
	7590		(a)	have its own certif	icate of mailing or transmission	
	TERRY, STOUT & K VENTEENTH STREET A 22209-9889		8 2005	I hereby certify the States Postal Serve addressed to the transmitted to the	Certificate of Mailing or Tran at this Fee(s) Transmittal is bei ice with sufficient postage for fi Mail Stop ISSUE FEE addres USPTO (703) 746-4000, on the	smission ng deposited with the United irst class mail in an envelope s above, or being facsimile date indicated below.
		匿	Ċ	~/	y.	(Depositor's name)
•		PRADEN	Single State of the state of th	7		(Signature)
		SEI	WARK			(Date)
APPLICATION NO.	FILING DATE	FI	IRST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/663,656	09/17/2003		Yasuko FU		500.36172VC4	
TILE OF INVENTION:	PACKET HANDLER					
APPLN, TYPE	SMALL ENTITY	ISSUE FE	в	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	nprovisional NO \$		0	\$300	\$1 670- / 700	02/08/05
EXAMINER		ART UNIT		CLASS-SUBCLASS		
CFR 1.363). Change of corresponded decrease from PTO/SB/	•	Correspondence	(1) the nam or agents O	ing on the patent front pages of up to 3 registered pages. R, alternatively, as of a single from (having to or seen) and the	patent attorneys	i, Terry, Stout and Kraus,
CFR 1.363). Change of correspond diress form PTO/SB/ "Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME ANI	dence address (or Change of 122) attached. ation (or "Fee Address" Indice or more recent) attached. Use D RESIDENCE DATA TO B as an assignee is identified be in 37 CFR 3.11. Completion of	Correspondence Ition form of a Customer E PRINTED ON THE	(1) the nam or agents O (2) the nam registered a 2 registered listed, no name PATENT at a will appea a substitute for RESIDENCE	nes of up to 3 registered p.R., alternatively, ne of a single firm (having attorney or agent) and the latent attorneys or agent ame will be printed. (print or type) ar on the patent. If an assort filing an assignment. E: (CITY and STATE OR	as a member a names of up to s. If no name is 3	document has been filed for 00031 10663656 1400.00 0P
CRR 1.363). Change of corresponded ress from PTO/SB/ Fee Address indication of the profession of the	dence address (or Change of 122) attached. ation (or "Fee Address" Indice or more recent) attached. Use D RESIDENCE DATA TO B as an assignee is identified bein 37 CFR 3.11. Completion of the	Correspondence ution form of a Customer E PRINTED ON THe clow, no assignee de of this form is NOT	(1) the nam or agents O (2) the nam registered a 2 registered a 2 registered listed, no na HE PATENT ata will appea a substitute fo RESIDENCE	nes of up to 3 registered p.R., alternatively, se of a single firm (having attorney or agent) and the statement attorneys or agent ame will be printed. (print or type) ar on the patent. If an as- or filing an assignment. E: (CITY and STATE OR Okyo, Japan	as a member a names of up to s. If no name is 3 signee is identified below, the 2/10/2005 AUDNDAF2 0000 1 FC:1501 2 FC:1504	document has been filed for 00031 10663656 1400.00 0P 300.00 0P
Change of corresponderess form PTO/SB/ Change of corresponderess form PTO/SB/ Tee Address form PTO/SB/ PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth in the correspondered of the corres	dence address (or Change of 122) attached. 122) attached. 123) attached. 126 or "Fee Address" Indicator more recent) attached. Use 127 D RESIDENCE DATA TO B 128 an assignee is identified be 128 no 37 CFR 3.11. Completion of the	Correspondence Ition form of a Customer E PRINTED ON THE PRINTED ON THE CONTROL OF THE C	(1) the nam or agents O (2) the nam registered a 2 registered listed, no na HE PATENT ata will apper a substitute for RESIDENCE T	nes of up to 3 registered p.R., alternatively, ne of a single firm (having attorney or agent) and the latent attorneys or agent ame will be printed. (print or type) ar on the patent. If an ast or filing an assignment. E: (CITY and STATE OR Okyo, Japan 0 ottort): Individual	as a member a names of up to s. If no name is 3	document has been filed for 00031 10663656 1400.00 0P 300.00 0P
CRR 1.363). Change of corresponded ress from PTO/SB/1. Fee Address 'i indice PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth in (A) NAME OF ASSIGNET HItachi, Ltd. lease check the appropriate a. The following fee(s) are	dence address (or Change of 122) attached. 122) attached. 123) attached. 126 or "Fee Address" Indicator more recent) attached. Use 127 D RESIDENCE DATA TO B 128 an assignee is identified be 128 no 37 CFR 3.11. Completion of the	Correspondence Ition form of a Customer E PRINTED ON THE clow, no assignee do of this form is NOT (B) ries (will not be print 4b.	(1) the nam or agents O (2) the nam registered a 2 registered disted, no na HE PATENT ata will apper a substitute for RESIDENCE T atted on the par	nes of up to 3 registered p.R., alternatively, se of a single firm (having stromey or agent) and the id patent attorneys or agent ame will be printed. (print or type) ar on the patent. If an according an assignment. E: (CITY and STATE OR okyo, Japan other): Individual fee(s):	as a member a names of up to s. If no name is 3	document has been filed for 00031 10663656 1400.00 0P 300.00 0P
Change of corresponderess form PTO/SB/ Change of corresponderess form PTO/SB/ Change of corresponderess form PTO/SB/ Fee Address indication ind	dence address (or Change of 122) attached. 122) attached. 123) attached. 124 or "Fee Address" Indicator more recent) attached. Use 125 D RESIDENCE DATA TO B 125 an assignee is identified be 126 in 37 CFR 3.11. Completion of the	Correspondence Ition form It of a Customer E PRINTED ON THE Colony, no assignee de of this form is NOT (B) Tries (will not be print 4b. 1	(1) the nam or agents O (2) the nam registered a 2 registered a 2 registered a listed, no na HE PATENT ata will appea a substitute for RESIDENCE T atted on the par Payment of F	nes of up to 3 registered p.R., alternatively, ne of a single firm (having attorney or agent) and the id patent attorneys or agent ame will be printed. (print or type) ar on the patent. If an act or filing an assignment. E: (CITY and STATE OR okyo, Japan other): Individual fee(s): The amount of the fee(s)	as a member a names of up to s. If no name is 3 signee is identified below, the 2/10/2005 AHUNDAF2 0000 FC:1501 FC:1501 FC:1504	document has been filed for 00031 10663656 1400.00 0P 300.00 0P
Change of corresponderess form PTO/SB/ Change of corresponderess form PTO/SB/ Change of corresponderess form PTO/SB/ Fee Address indication ind	adence address (or Change of 122) attached. ation (or "Fee Address" Indice or more recent) attached. Use D RESIDENCE DATA TO B is an assignee is identified bein 37 CFR 3.11. Completion of NEE the assignee category or category enclosed: small entity discount permittee.	Correspondence Ition form It of a Customer E PRINTED ON THE Islow, no assignee de of this form is NOT (B) Tries (will not be print 4b.1	(1) the nam or agents O (2) the nam registered a 2 registered a 2 registered a listed, no na HE PATENT ata will appea a substitute for RESIDENCE T atted on the par Payment of F A check in	nes of up to 3 registered p.R., alternatively, ne of a single firm (having attorney or agent) and the id patent attorneys or agent ame will be printed. (print or type) ar on the patent. If an act or filing an assignment. E: (CITY and STATE OR okyo, Japan other): Individual fee(s): In the amount of the fee(s) by credit card, Form PTO-	as a member a names of up to s. If no name is 3	document has been filed for 00031 10663656 1400.00 0P 300.00 0P
Change of corresponded responded res	adence address (or Change of 122) attached. ation (or "Fee Address" Indice or more recent) attached. Use D RESIDENCE DATA TO B is an assignee is identified bein 37 CFR 3.11. Completion of NEE the assignee category or category enclosed: small entity discount permittee.	Correspondence Ition form It of a Customer E PRINTED ON THE It of this form is NOT (B) It is seen to be printed to be print	(1) the nam or agents O (2) the nam registered a 2 registered listed, no na HE PATENT ata will appea a substitute fi RESIDENCE T ated on the par Payment of F A check in Payment b The Direc Deposit Accor	nes of up to 3 registered p.R., alternatively, ne of a single firm (having attorney or agent) and the id patent attorneys or agent ame will be printed. (print or type) ar on the patent. If an act or filing an assignment. E: (CITY and STATE OR okyo, Japan Other): Individual Fee(s): In the amount of the fee(s) by credit card. Form PTO- ottor is hereby authorized unt Number 01-2135	as a member a names of up to s. If no name is 3 signee is identified below, the 2/10/2005 AHONDAF2 0000 TC 1 FC:1501 2 FC:1504 2 Corporation or other private g is enclosed. 2038 is attached. 2038 is attached. 2038 of the required fee(s), o (enclose an extra	document has been filed for 00031 10663656 1400.00 OP 300.00 OP Government Troup entity Government occupy of this form).
CR 1.363). Change of correspon Address form PTO/SB/ "Fee Address" indice PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth it (A) NAME OF ASSIGN HItachi, Ltd. Clease check the appropriate a. The following fee(s) are publication Fee (No Advance Order - # condition of the USPTO (OTE: The Issue Fee and Italians States).	dence address (or Change of 122) attached. 123 124 125 125 126 127 127 127 127 127 127 127 127 127 127	Correspondence Intion form It of a Customer E PRINTED ON THE Islow, no assignee de of this form is NOT (B) Tries (will not be printed to be printed to be accepted for the printed to be accepted to the printed to th	(1) the nam or agents O (2) the nam registered a 2 registered a 2 registered a the PATENT ata will appea a substitute for RESIDENCE T the don the par Payment of F A check in Payment b The Direct Deposit Account	nes of up to 3 registered p.R., alternatively, ne of a single firm (having attorney or agent) and the id patent attorneys or agent ame will be printed. (print or type) ar on the patent. If an act or filing an assignment. E: (CITY and STATE OR cokyo, Japan 0 tent): Individual 0 tent): Individual 0 tent): Individual 0 tent): Or the amount of the fee(s) or credit card. Form PTO- ctor is hereby authorized ant Number 01-2135	as a member a names of up to s. If no name is 3	document has been filed for 10031 10663656 1400.00 OP 300.00 OP Government To credit any overpayment, to copy of this form).
CR 1.363). Change of correspon Address form PTO/SB/ "Fee Address" indice PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth it (A) NAME OF ASSIGN HItachi, Ltd. Clease check the appropriate a. The following fee(s) are publication Fee (No Advance Order - # condition of the USPTO (OTE: The Issue Fee and Italians States).	adence address (or Change of 122) attached. ation (or "Fee Address" Indice or more recent) attached. Use D RESIDENCE DATA TO B is an assignee is identified be in 37 CFR 3.11. Completion of SEE the assignee category or category enclosed: small entity discount permitted of Copies to from status indicated above SMALL ENTITY status. See SMALL ENTITY status. See Publication Fee (if required) we received to receive the second of the s	Correspondence Intion form It of a Customer E PRINTED ON THE Islow, no assignee de of this form is NOT (B) Tries (will not be printed to be printed to be accepted for the printed to be accepted to the printed to th	(1) the nam or agents O (2) the nam registered a 2 registered a 2 registered a the PATENT ata will appea a substitute for RESIDENCE T the don the par Payment of F A check in Payment b The Direct Deposit Account	nes of up to 3 registered p.R., alternatively, ne of a single firm (having attorney or agent) and the id patent attorneys or agent ame will be printed. (print or type) ar on the patent. If an act or filing an assignment. E: (CITY and STATE OR cokyo, Japan 0 tent): Individual 0 tent): Individual 0 tent): Individual 0 tent): Or the amount of the fee(s) or credit card. Form PTO- ctor is hereby authorized ant Number 01-2135	as a member a names of up to s. If no name is 3	1400.00 OP 300.00 OP roup entity Government r credit any overpayment, to copy of this form).

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.